

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

DOCUMENT # P02000079884

1. Entity Name
SPRINGMARK HOLDINGS, INC.



05-05-2003 92112 001 ***150.00
05-05-2003 92112 002 *****8.75

Principal Place of Business
1601 EAST 7TH AVE., STE. 5
TAMPA FL 33605

Mailing Address
1601 EAST 7TH AVE., STE. 5
TAMPA FL 33605



2. Principal Place of Business

1601 E. 7th AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL 33605 US

4. FEI Number

16-1623465

Applied For

Not Applicable

Zip

Country

Zip

Country

33511 FL

33605

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRINGBORN, DEBORAH A
1601 EAST 7TH AVE., STE. 5
TAMPA FL 33605

2914 BRYAN RD
BRANDON FL 33511

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME DEBORAH A. SPRINGBORN
STREET ADDRESS 2914 BRYAN RD
CITY-ST-ZIP BRANDON FL 33511

TITLE PRES
NAME DEBORAH A. SPRINGBORN
STREET ADDRESS 2914 BRYAN RD
CITY-ST-ZIP BRANDON FL 33511

TITLE VP
NAME BRIGITTE L. MARK
STREET ADDRESS 10305 GREEN GROVE PL
CITY-ST-ZIP TAMPA FL 33624

TITLE VP
NAME BRIGITTE L. MARK
STREET ADDRESS 10305 GREEN GROVE PL
CITY-ST-ZIP TAMPA FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 956 0965
4-25-03

CH2E034 (10/02)